

CARDHOLDER SETUP NOMINATION

CARDHOLDER INFORMATION

CARDHOLDER NAME: _____

DEPT/OFFICE/AGENCY NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

IDENTIFY/IMPRINT CARD (circle one): SUPPLY /SERVICE OMA RPA

APPROVING OFFICIAL INFORMATION

APPROVING OFFICIAL NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____ Favorite Team (New Setup only) _____

SIGNATURE: _____

BUDGET INFORMATION

BUDGET OFFICER: _____

PHONE: _____ SIGNATURE: _____

SINGLE PURCHASE LIMIT: _____

30DAY PURCHASE LIMIT: _____ FSN _____

CHILD RULE SET: _____ APPROPRIATION : 2020 2070 2080

OBJECT CLASS _____ WCR _____ DBSH _____

**SUBMIT COMPLETED FORM TO: DIRECTORATE OF CONTRACTING
BUILDING 5418
ATTN: RAYMOND BLAUVELT
FORT DIX, NJ 08640-6150
PHONE (609) 562-2699
FAX (609) 562-5000**